

POST PROFILE REQUEST

POST 2-126 (Rev 05/2011)

COMMISSION ON POST
1601 Alhambra Boulevard
Sacramento, CA 95816-7083

INFORMATION PRIVACY ACT: Pursuant to the Federal Privacy Act (Public Law 93-579) and the Information Practices Act (IPA) of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information. Failure to provide any part of the requested information may delay processing of this application or result in an incomplete record. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual for whom personal information is collected has the right to inspect that information in any record maintained by POST. Inquiries may be directed to the POST Information Practices Act Coordinator at the address listed above.

INSTRUCTIONS - Complete this form to request the following:

- 1) A copy of your POST Profile Record **OR**
- 2) A copy of a POST Profile Record for another individual who has provided you with a written, signed authorization requesting the profile.
The signed authorization must accompany this form.

To process this request your signature and date are **REQUIRED**. Email and FAX transmittals are accepted but not secure. Upon request, POST will respond via email or fax. However, POST does not take responsibility for information sent via email or FAX. Email requests or inquiries may be sent to ProfileRequests@post.ca.gov. Faxed requests may be sent to (916) 227-3895.

PERSONAL INFORMATION

1. NAME ON PROFILE (FIRST, MIDDLE, LAST)		2. POST ID (OR SOCIAL SECURITY NO.)		3. DATE OF BIRTH
4. CONTACTNUMBER () EXT EMAIL		5. CURRENT or MOST RECENT LAW ENFORCEMENT AGENCY/DEPT		6. YEAR HIRED
				7. BASIC ACADEMY (NAME OF PRESENTER)

ATTESTATION OF REQUESTING INDIVIDUAL *(Complete the applicable statement)*

8. INDIVIDUAL REQUESTING PROFILE

Under penalty of perjury, I declare that I am the above named individual making a request for my own personal record.
(No other authorization required.)

SIGNATURE OF REQUESTING INDIVIDUAL AND DATE REQUIRED		PRINT FULL NAME	
DATE		TITLE	
MAILING ADDRESS			
STREET		CITY	ST ZIP

9. DEPARTMENT DESIGNEE AUTHORIZED TO REQUEST PROFILE

I am the department designee for a POST-participating department, authorized to request information on department employees' POST records. The above-named individual is currently an employee of the department named above. I attest that I will use the information only to conduct department business. *(No other authorization required.)*

SIGNATURE OF REQUESTING INDIVIDUAL REQUIRED		PRINT FULL NAME	
DATE		TITLE	
EMAIL	CONTACT NUMBER ()	AGENCY/DEPARTMENT	
MAILING ADDRESS			
STREET		CITY	ST ZIP

10. INDIVIDUAL GRANTED AUTHORIZATION TO REQUEST PROFILE

I am not the above-named individual. Under penalty of perjury, I declare that I have authorization from the above-named individual to request this individual's POST Profile Record. *The individual's signed authorization/waiver for release of this record accompanies this request.*

SIGNATURE OF REQUESTING INDIVIDUAL REQUIRED		PRINT FULL NAME	
DATE		TITLE	
EMAIL	CONTACT NUMBER ()	AGENCY/DEPARTMENT	
MAILING ADDRESS			
STREET		CITY	ST ZIP

QUESTIONS / COMMENTS